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NOV 02 2004

**FACSIMILE TRANSMISSION**

**TO:** United States Patent and Trademark Office **FROM:** Steven M. Mills  
Examiner: Huisman, David J.  
Group Art Unit: 2183

**FAX NO:** (703) 872-9306 **DATE:** November 2, 2004

**RE:** U.S. Patent Application  
"Branch Prediction Method Using Address Trace," by Sung-Bae Park  
U.S. Serial No.: 09/714,325  
U.S. Filing Date: November 15, 2000  
Samsung Reference: IB-9904-125  
Your Reference: IB9118-US  
Our Reference: SAM-0169

**NUMBER OF PAGES INCLUDING COVER SHEET: 25**

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**REMARKS:**

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CENTRAL FAX CENTERNOV 02 2004 PATENT  
Attorney Docket No.: SAM-0169  
Customer No.: 29344IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Sung-Bae Park  
Serial No.: 09/714,325  
Filing Date: November 15, 2000  
Title: METHOD OF AN ADDRESS TRACE CACHE STORING LOOP CONTROL  
INFORMATION TO CONSERVE TRACE CACHE AREA

Examiner: Huisman, David J.  
Group Art Unit: 2183

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper and any attachments hereto are being forwarded to the United States Patent and Trademark Office via facsimile at the facsimile telephone number and on the date indicated below.

11/2/04  
Date(703) 872-9306  
Facsimile Number  
Chelsey Davis

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Enclosed herewith for filing in the above-identified patent application please find the following listed items:

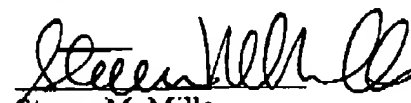
1. Amendment Transmittal; and
2. Second Amendment After Final Rejection in response to Office Action mailed on June 3, 2004 and the Advisory Action mailed on October 12, 2004.

In connection with the foregoing matter, please charge the \$430.00 fee believed to be due, or any additional fees which may be due, or credit any overpayment, to Deposit Account Number 50-1798. A duplicate copy of this letter is provided for this purpose.

Respectfully submitted,

Date: 11/2/04  
Mills & Onello LLP  
Eleven Beacon Street, Suite 605  
Boston, MA 02108  
Telephone: (617) 994-4900  
Facsimile: (617) 742-7774

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Steven M. Mills  
Registration Number 36,610  
Attorney for Applicant

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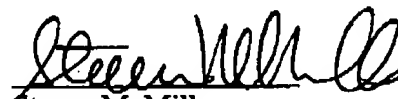
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AMENDMENT TRANSMITTAL

Sir:

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

- ☐ a small entity. A verified statement:  
☐ is attached.  
☐ was already filed.
- ☒ other than small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

- (a) ☒ Applicant petitions for an extension of time under 37 CFR 1.136

Applicant(s): Sung-Bae Park  
 Serial No.: 09/714,325

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$110.00	\$55.00
<input checked="" type="checkbox"/> two months	\$430.00	\$215.00
<input type="checkbox"/> three months	\$980.00	\$490.00
<input type="checkbox"/> four months	\$1,530.00	\$765.00

Fee \$ 430.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for \_\_\_ months has already been secured and the fee paid therefor of \$ \_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ 430.00

OR

- (b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	(1) CLAIMS REMAINING AFTER AMENDMENT		(2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(3) PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	1	minus	20	0	x \$18	\$0
INDEPENDENT CLAIMS	1	minus	3	0	x \$84	\$0
MULTIPLE DEPENDENT CLAIM ADDED	No				\$280	
TOTAL						\$0
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2 and enter amount here.					SMALL ENTITY TOTAL	

Applicant(s): Sung-Bae Park  
Serial No.: 09/714,325

(c) ☒ No additional fee for claims is required.

OR

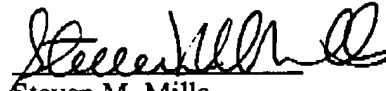
(d) ☐ Total additional fee for claims required \$ \_\_\_\_\_

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$ \_\_\_\_\_  
☒ Charge Deposit Account No. 50-1798 the sum of \$ 430.00 .  
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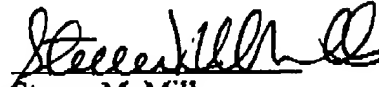
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